

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: CARE SHARE OAK RIDGE HOUSE (0009059)

Address: 2630 N 118TH ST, WAUWATOSA, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 08/01/2001

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095930 **End Date:** 10/28/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008865 Served 11/25/2005

Deficiencies Cited
83.11(3)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified

Corrected

Survey ID: 0092158 **End Date:** 03/10/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
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Survey ID: 0092073 End Date: 02/05/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008669 Served 03/10/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	10/28/2005	Yes
83.21(4)(w)	SAFE ENVIRONMENT	10/28/2005	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	10/28/2005	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	10/28/2005	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	10/28/2005	Yes

Survey ID: 0091227 End Date: 10/07/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008604 Served 10/17/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	10/28/2005	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	01/27/2004	Yes
83.41(10)(d)	FURNITURE IN GOOD REPAIR	01/27/2004	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	10/28/2005	Yes
83.41(9)	CLEANLINESS OF ROOMS	01/27/2004	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	01/27/2004	Yes

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Enforcement History

Date: 03/08/2004 **SOD #**10008669 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(p)

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Complaint History

Date Complaint Received: 07/20/2005

Date Investigation Completed: 10/28/2005

Subject Area(s)
RESIDENT RIGHTS
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/23/2004

Date Investigation Completed: 03/10/2004

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/18/2004

Date Investigation Completed: 03/10/2004

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
ADMINISTRATION
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOT RECORDED

Date Complaint Received: 12/17/2003

Date Investigation Completed: 02/05/2004

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
10008669

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